


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90311 041 ***158.75

DOCUMENT # P04000055464 1. Entity Name ALIRIO'S, INC.			
Principal Place of Business 7401 BIG CYPRESS DR. MIAMI LAKES, FL 33014		Mailing Address 7401 BIG CYPRESS DR. MIAMI LAKES, FL 33014	
2. Principal Place of Business 6105 NW 39th St Suite, Apt. #, etc.		3. Mailing Address 6105 NW 39th St Suite, Apt. #, etc.	
City & State Virginia Gardens FL Zip 33166 Country USA		City & State Virginia Gardens FL Zip 33166 Country	
4. FEI Number 34-009186		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SILVA, ALIRIO JR. 7401 BIG CYPRESS DR. MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name ALIRIO SILVA JR. Street Address (P.O. Box Number is Not Acceptable) 6105 NW 39th St City Virginia Gardens FL Zip Code 33166	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Alirio</i></u> DATE 4/7/05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SILVA, ALIRIO JR. 7401 BIG CYPRESS DR. MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ALIRIO SILVA, JR. 6105 NW 39th St. Virginia Gardens FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Alirio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/7/05 <small>Date Daytime Phone #</small>	

50042810

